**LoszuGhana Children’s Village**

Assessment Form

Child’s Profile

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| **PERSONAL INFORMATION** | | |
| **1** | **Name** | George Ankomah Snr |
| **2** | **Date of birth** | 23-07-2006 |
| **3** | **Place of birth (if known)** | Ayirebi |
| **4** | **Name of mother** | Linda Serwaa |
|  | **Address if traceable (including landmarks and given names of area)** |  |
| **5** | **Name of father** |  |
|  | **Address if traceable (including landmarks and given names of area)** |  |
| **6** | **Guardian** |  |
|  | **Address if traceable (including landmarks and given names of area)** |  |
| **7** | **Siblings** | * One twin brother * One younger brother * Two sisters |
| **8** | **Where found** | -------- |
|  | **Date found** | -------- |
| **9** | **Circumstances of admission at social welfare** | The mother approached the social welfare for support since she is over challenged with five children and their care as a single mother. The children have different fathers, who have deserted the children. Together with the social welfare officer she decided, to let her two older sons stay in a sheltered home. |
| **10** | **Who brought the child** | The grandmother brought him the first time to the children’s village. |
| **11** | **Why was the child taken out of the family?** | The mother is a single parents and over challenged with the care for five children; especially with now also caring for two twin baby girls |
| **12** | 1. **Has the child lived in other orphanages of children’s homes before?** | No |
|  | 1. **Give details if applicable in 12a** | ----- |
| **15** | 1. **Has the child visited any school before? (provide name of school)** | Yes |
|  | 1. **Give details (location/address)** |  |
| **HEALTH CONDITION** | | |
| **13** | **Does the child suffer from any mental or physical defect ?** | No |
| **14** | **Medical background (see also attached medical form A)** | They have been checked on 26th September 2014, all results are negative |
| **16** | **Has the child been a victim of physical abuse (violence, sexual abuse)? If yes: by who?**  **If not sure: Are there any signs of sexual or violent abuse?** | ? |
| **17** | **Does the child show any symptoms of traumatism (i.e. abnormal behavior)? Describe** | We can’t tell yet |
| **18** | **Has the child ever used drugs? If yes: which one? (soft: cigarettes and alcohol, hard: weed, heroine, cocain etc.) or did the child find its own ways of using narcotic substances, i.e. sniffing glue, spray, etc?** | ? |
| **19** | **Has the child been victim of prostitution?**  **(since when if applicable)** | no |
| **20** | 1. **Does the child have experiences as a street child? Since when and which location?** | No |
|  | 1. **What did the child do on the streets to make its living?** | ------ |
| **21** | **Does the child carry any transmittable diseases, i.e. HIV, TBC?** | No, all tests results are negative (26th Sept. 2014) |
| **22** | **Please, if you have any further information which will be of interest or importance for us write it in the space below or on a supplementary sheet indicating the number and attach it to the form.** | |
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Date: 1st October 2014